



Application for Employment

The City of Madeira Beach collects your social security number for the following employment purposes: identification and verification; data collection, tracking, benefit processing, tax reporting, and verification of right to work in conjunction with 1-9 Form.

The City of Madeira Beach offers equal access to programs, services and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources. Please mail your completed and signed application to Human Resources, City of Madeira Beach, 300 Municipal Drive, Madeira Beach, Florida 33708 or fax to Human Resources at 727-395-9361

Name		Social Security #		
Last	First	Middle		
Address				
Street		City	State	Zip
Telephone#	()	Mobile/ Other #	()	E-Mail Address
Position (s) applied for			Date of Application / /	
Referral Source (Please check the appropriate category and name the source.)				
<input type="checkbox"/> Walk-in			<input type="checkbox"/> City Website	
<input type="checkbox"/> Employee			<input type="checkbox"/> Advertisement	

If you are under 18 and it is required, can you furnish a work permit?

☐ Yes ☐ No

If **no**, please explain

Have you submitted an application here before?

☐ Yes ☐ No

If **yes**, give date(s) and position(s)

Have you ever been employed here before?

☐ Yes ☐ No

If **yes**, give dates From / / To / /

Are you legally eligible for employment in this country?

☐ Yes ☐ No

Date available for work / /

What is your desired salary range or hourly rate of pay?

\$ Per

Type of employment desired:

☐ Full-Time ☐ Part-Time ☐ Temporary

Will you work overtime if required? ☐ Yes ☐ No

Please list your driver's license number as driving may be required in the position for which you are applying:

State

Have you ever been bonded? ☐ Yes ☐ No

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If **yes**, please provide the following information: date(s) of conviction(s), penalt(ies) imposed, and type(s) of crime(s).

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, etc.)?

☐ Yes ☐ No

If **yes**, please provide nature of the tort and disposition of the matter (how it was resolved).

Employment History (A resume maybe attached but cannot substitute for this section)

Complete each section thoroughly to include the telephone and address of each employer.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street Address	City State	Starting Compensation
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Final Compensation
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street Address	City State	Starting Compensation
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Final Compensation
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
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Why did you leave?		Final Compensation
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Final Compensation
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? _____

☐ Yes

☐ No

If **yes**, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

List Computer programs and years of experience _____

Please provide any other technical skills you may have.

Educational Background

Starting with your most recent school attended, provide the following information

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		

References

List the names and telephone numbers of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Number of Years known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Madeira Beach is true, complete and correct.

I expressly authorize, without reservation, the City of Madeira Beach, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Madeira Beach, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Madeira Beach does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. If I wish to be considered for another position with the City of Madeira Beach after six months, it will be necessary for me to complete a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 6 months from the date I am hired. If I am discharged at any time during the first 90 days for unsatisfactory performance, I understand that the City of Madeira Beach will not be charged for any unemployment benefits that may be paid to me for work I performed during the 90 day period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard within 7 days of hire. If I am unable to produce these forms within 7 days, my employment may be terminated.

Human Resources may reject any candidate that does not possess one or more of the requirements necessary for the position.

Unsigned applications will not be considered.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the City of Madeira Beach's employment, whenever it is discovered regardless of my length of service.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / ____ / ____